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ABSTRACT

A 2-day workshop in human sexuality was planned, implemented, and evaluated by the Genesee Region Family Planning Program, Inc., Rochester, New York. The goal of the workshop was to increase participant tolerance to a variety of patterns of sexual behavior. To measure attitudinal change, the Minnesota Sex Attitude Survey was administered one month prior to and two months following the workshop. The results showed a tendency toward an increase in tolerance on the total attitude score, although two survey items showed a decrease in tolerance among participants who generally expressed a positive reaction to the workshop as indicated on the "Happiness Quotient" Evaluation as well as unobtrusive measures of further contact with the agency regarding involvement in human sexuality programs. (Author/PC)

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A Human Sexuality Workshop for Community Professional:

Its Development and Evaluation

This paper demonstrates an attempt to develop and evaluate a human sexuality workshop. Human sexuality programs have a history of being unsystematic and being difficult to evaluate. This has resulted from 1) the nature of the content area; 2) the lack of involvement of curriculum development specialists.

During the year 1972-73, the Genesee Region Family Planning Program, Inc., a multi-county family planning program in the Rochester area, determined a significant increase in the number of requests for materials, educational and training support for the development of human sexuality programs. These requests came from workers in other family planning agencies as well as from people in health-related areas, public schools, and social services agencies. The lack of information and training in human sexuality indicated the need for the development of a program to demonstrate a systematic approach to human sexuaity education.

A two-day workshop in human sexuality was developed and implemented by the agency educator, curriculum planner/evaluation specialist and administrator to meet the requests from the community.

The workshop was designed to increase the sensitivity of the participants toward several aspects of human sexuality and to increase tolerance of particpants for a variety of patterns of sexual behavior.

The sub-objectives which were developed included:

1. To increase the sensitivity of participants' toward sexual behavior as a form of communication.

2. To increase the sensitivity of participants to aspects of the human sexual response.

3. To increase the tolerance of participants toward masturbation as an acceptable form of behavior.

4. To increase the tolerance of participants toward homosexuality (same sex) as an alternative form of sexual behavior.

5. To increase the tolerance of participants toward various forms of heterosexual behavior.

The model for the workshop was adapted from that used by University of Minnesota Medical School (Chilgren, Rosenberg, Cole, Garrard (1971), University of Michigan (personal communication, 1972) and Multi-Media Resource Center (1973). The workshop was held for two-days, including the evening of the first day. Each day consisted of large group presentations attended by all participants followed by small group discussions. The purpose of the large group presentation was to present factual information. Films, audiotapes, filmstrips, and slides were used to

exemplify the various content areas. The mediated approach also served to desensitize participants and increase their awareness to a variety of sexual behaviors.

Seven small groups, consisting of 7-9 participants, were led by male and female co-leaders. An effort was made to vary the composition of the groups in terms of sex, age and profession. The small groups were primarily designed for discussion of participants' attitudes and feelings about the material presented in the large group.

Each of the small group leaders was selected because of his/her community reputation as an expert in small group leadership. Included were psychologists, social workers and community organization people. A day-long training session was held two weeks prior to the workshop for the leaders to view the materials, react to them personally, discuss problems they anticipated and share discussion strategies they would use. The workshop co-ordinators provided leaders with relevant background materials and workshop specifics throughout the planning process.

Invitations describing the workshop were sent to appropriate agencies and individuals in the region. These agencies included family planning programs, Girl Scouts, Childbirth Education Association, public health programs, local universities, public schools and social service agencies. There were 59 participants representing thirty different agencies in the Rochester metropolitan area.

Demographic data was collected on 52 participants and is presented in Table 1.

To determine whether the workshop participants demonstrated a shift in attitude (increased tolerance and sensitivity to aspects of human sexuality), they were administered the Minnesota Sex Attitude Survey (MSAS) (University of Minnesota Program in Human Sexuality, 1972). This instrument consisted of a nine item rating scale on various aspects of human sexuality (see Table 2).

Each subject was instructed to rate his reaction to each item (I - IX) on a scale of 1 to 5 where 1 = stronly agree, 2 = agree, 3 = uncertain, 4 = disagree, and 5 = strongly disagree. The subject was further instructed to rate each item for "unmarried adults", for "married adults engaging in this as a secret extramarital sexual activity", "for yourself", for "mid-adolescents" and for "married adutls (with spouse)". The attitude score for each item was calculated as the mean of the ratings for the five groups.

Another aspect of the evaluation was designed to obtain participants' feelings about the workshop itself. They were requested to respond to the "Happines Quotient" questionnaire (University of Minnesota Program in Human Sexuality, 1972).

This consisted of reaction ratings to large and small group discussion and the workshop as a whole. Ratings were assigned as follows: 1 = excellent, 2 = very good, 3 = good, 4 = fair and 5 = poor.

Of 59 participants in the workshop, 52 returned the pre-test questionnaire, 32 returned the post-test questionnaire. There was a complete set of data on 29 participants. Changes in attitude score on each item (I-IX) and for total test are shown in Table 3 (see Page 5a). Also shown are changes for each group (A - E).

The results indicate that there was a significant decrease in score (more tolerant) only on scale VII (same sex-oral-genital). Two scales VI (opposite sex - oral genital and IX (3 or more people) showed an increase score (less tolerant attitude). The remaining scales showed a response in a more tolerant direction, but differences were not significant. The total attitude score derived as mean of item scores showed a tendency toward more tolerance on the post-test. There was an increase in tolerance between pre- and post-test ratings for each group (A - E). Group A "for yourself" showed a significant increase in tolerance on the post-test ratings. Analysis of variance was run on each scale to look for differences in sex, marital status and age. Table 4 lists these interactions which showed significant differences.

Table 1 - Distribution of Participants on Demographic Variables.

Demographic Variable		Number of Participants
Sex	Male	15
	Female	37
		52 Total
Age	18-22 yrs	1
	23-26 yrs	17
	27-35 yrs	19
	36-45 yrs	8
	46 yrs & over	7
		52 Total
Marital Status	Married	29
	Unmarried	12
	Divorced or Separated	9
	Living with someone	2
		52 Total
Religious Preference	Catholic	8
	Protestant	18
	Jewish	8
	Other	2
	None	16
		52 Total
Race	White	47
	Black	2
	Other	1
	Refused to answer	2
		52 Total
Sexual Orientation* Scale Score	0-1	20
	1-2	21
	2-3	3
	3-4	3
	4-5	1
	No Response	4
	No Response	4
		52 Total

*Sexual Orientation
Participant rated himself on a scale from 0-6 where 0 is strictly heterosexual, 3 is bisexual and 6 is strictly homosexual.

TABLE 2 - ITEMS AND RESPONSE CATEGORIES ON MSAS

I. Using erotica (erotic literature, pictures, films, live sex shows, etc.) to stimulate sexual arousal.

II. Fantasy as a sexual stimulant in private masturbation.

III. Mutual masturbation with someone of the opposite sex (An affectionate and tender relationship between the partners is assumed. It is also assumed that there is no danger of venereal disease.)

IV. Mutual masturbation with someone of the same sex (An affectionate and tender relationship between the partners is assumed. It is also assumed that there is no danger of venereal disease.)

V. Sexual intercourse with someone of the opposite sex (An affectionate and tender relationship between the partners is assumed. It is also assumed that there is no danger of venereal disease).

VI. Oral-genital stimulation with someone of the opposite sex (An affectionate and tender relationship between the partners is assumed. It is also assumed that there is no danger of venereal disease).

VII. Oral-genital stimulation with someone of the same sex. (An affectionate and tender relationship between the partners is assumed. It is also assumed that there is no danger of venereal disease).

VIII. Engaging in sex with your partner in the presence of others.

IX. Three or more people engaging in intercourse and other sexual activity together.

A - for yourself (I-VII)
B - for mid-adolescents (I-VII)
C - for unmarried adults (I-VII)
D - for married adults (I-III, V, VI)
E - for married adults engaging in this as a secret extra-marital activity (I-VII)

TABLE 3 - PRE- AND POST ATTITUDE SCORES

ON MSAS (N=29)

Attitude Items	I	II	III	IV	V	VI	VII	VIII	IX	MEAN ON TOTAL
Pre	2.41	1.99	1.98	2.99	1.99	2.04	3.19	3.40	3.19	2.55
Post	2.25	1.67	1.97	2.95	1.97	2.06	2.95	3.23	3.24	2.47
Change	-.16	-.12	-.01	-.04	-.01	+.02	-.24	-.17	+.05	-.08
t-test	1.45	1.59	.25	.32	.21	.26	2.09*	.95	-.34	+1.34

	A	B	C	D	E
Pre	2.64	2.63	2.68	1.60	3.15
Post	2.53	2.54	2.55	1.53	3.12
Change	-.11	-.09	-.13	-.07	-.03
t-test	1.75**	-.98	-1.51	-1.08	.27

* Significant at .05 level.

** Significant at .10 level.

TABLE 4 - SIGNICANT INTERACTIONS ON MSAS

Item	Variable	df	F	Significance Level
IV (pretest)	Age	4,24	3.34	.05
IV (pretest)	Marital Status	3,25	5.88	.01
VII (pretest)	Marital Status	3,25	5.26	.01
IV (pretest)	Sex	1,27	4.24	.05
IX (posttest)	Sex	1,27	4.85	.05

On item IV, (same sex-mutual masturbation) older participants were significantly less tolerant than younger participants; those "living with someone" were significantly more tolerant than those "married"; females significantly more tolerant than males.

On item VII (same sex-oral genital) participants "living with someone" were significantly more tolerant than those "married" or those "divorced or separated."

On item IX, (3 or more people) male participants were significantly more tolerant than female participants.

A correlation matrix was generated for the data. It showed several trends. A decrease in score (more tolerance) correlated with a decrease in age, significantly for items IV and VII. There was a negative relationship between marital status and score increase, i.e., more tolerance was shown by those "living with someone" and "divorced or separated" and less tolerance was shown by those "married". This trend was significant on items IV (same sex-mutual masturbation) and VII (same sex-oral genital). There was no consistent pattern on the variables "sex" or "religious preference".

43 participants completed the evaluation "Happiness Quotient" immediately following the workshop. Of those, 99% (N=42) stated that the workshop was personally beneficial, 95% (N=40) felt the workshop was not personally harmful and 84% (N=36) said the workshop was not harmful to others.

Mean scores of participants ratings of small group were:

1. Effectiveness of small group leaders in opening up and facilitating discussions about feelings: 1.84 (Scale of 1-5)

2. Total small group experience: 1.9 (Scale of 1-5)

3. Effectiveness of each small group session was rated separately. The range of scores was from 2.64 - 1.48. In every case, the groups were rated lower in the morning of the first day, and highest for the afternoon sessions on the second day. Plans the second day were modified because both leaders and participants felt the need for more small group discussion time.

When asked to state factors that helped the small group process, comments included: "Open, informed and sensitive leaders", "variety of backgrounds of group members", "sharing of personal experiences", "initiative of group members", "stimulus from films", "casual atmosphere and sitting on the floor."

Regarding those factors which hindered the small group process, comments included: "lack of trust", "reluctance in beginning to express feelings", "intellectualizing", "lack of clarity of small group purpose", "too many films", "not enough pulling together of group feelings", "sitting on the floor".

Discussion

The total attitude score and 7 of the 9 items show a tendency toward increase in tolerance from pre- to post-test, only one item showing a significant increase. It might be speculated that the pre-test scores of participants were above average and expectations for significant change would be limited. A group of community professionals whose work involved concerns about human sexuality, and who volunteered for a two-day workshop might be a typical in their sensitivity and tolerance for a variety of sexual behaviors.

A two-day workshop in human sexuality is of necessity limited in scope and cannot reasonably assume the charge of modifying attitudes and feelings which have developed over a lifetime.

Summary

A two-day workshop in human sexuality was planned, implemented and evaluated by the Genesee Region Family Planning Program, Inc., Rochester, NY. The goal of the workshop was to increase tolerance of participants to a variety of patterns of sexual behavior. To measure this attitudinal change, the Minnesota Sex Attitude Survey was administered one month prior to and two months following the workshop. The results showed a tendency toward an increase in tolerance on the total attitude score. The item showing a significant increase in tolerance was VII (oral genital - same sex). Two items, which showed a decrease in tolerance (although not significant) were VI (oral genital - opposite sex) and IX (three or more people

in sex). Item IV (mutual masturbation - same sex) showed significant differences for age, sex and marital status; Item IX (three or more people) varied with sex. Ratings "for yourself" showed a significant increase in tolerance from pre- to post-test.

Participants generally had a positive reaction to the workshop as indicated on the "Happiness Quotient" Evaluation and unobtrusive measures of further contact with the agency regarding involvement in human sexuality programs.

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